U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
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<b>315 DK</b>	

1. File Number U - 7877

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

to the second se	
	7 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GARY L. YOUNGHANS	Name I.B.E.W. LOCAL 76
·	Labor Organization File Number 010-422
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3049 50. 36 TH	Street 3049 50. 36 TH
City TACOMA	City TACOMA
State WA. ZIP Code + 4 98409-5729	State WA. ZIP Code + 4 98409-5725
5. Position in labor organization.  BUSINESS REPRE	L. CZI) TATIVĒ,
21.3.,000 , 1,04,100	
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
DO Buy Dide Describe 15	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
City	
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
$\Omega = M$	
Signed for the	on $8/9/05$ 253-475-1190
	Date Telephone Number
Form LM-30 (2008)	Page 1 of 2

Name of Person Filing GARY L. Younguass	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name MARCO CONSULTING GROUP  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 550 W. WASHINGTON  City CHICAGO  State TLLINDIS ZIP Code +4 60661  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name LOCAL UNION 76 IBEM JOINT TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO, BOX 220	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.  TRUST MEETING GOLF OUT	1pa 64°0	
Street i			
	11.b. Approximate dollar value of such dealing.	6400	
City SDAP LAKE  State WASHINGTON ZIP Code + 4 98857	Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	64-5	
City SOAP LAKE		64-5	
City SOAP LAKE	12.a, Nature of interest held or income received.  12.b. Amount.		
City SOAP LAKE  State WASHINGTON ZIP Code + 4 98857  C. Received from any employer (other than an employer covered under	12.a, Nature of interest held or income received.  12.b. Amount.		
State WASHINGTON ZIP Code + 4 98857  C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held or income received.  12.b. Amount.  12.b. Amount.  12.c. Amount B above)  12.c. And B above)  13.c. Amount B above.		
City SDAP LAKE  State WASHINGTON ZIP Code + 4 98857  C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received.  12.b. Amount.  12.b. Amount.  12.c. Amount B above)  12.c. And B above)  13.c. Amount B above.		
City SOAP LAKE  State WASHINGTON ZIP Code + 4 98857  C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	12.a. Nature of interest held or income received.  12.b. Amount.  12.b. Amount.  12.c. Amount B above)  12.c. And B above)  13.c. Amount B above.		
City SOAP LAKE  State WASHINGTON ZIP Code + 4 98857  C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money)  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received.  12.b. Amount.  12.b. Amount.  12.c. Amount B above)  12.c. And B above)  13.c. Amount B above.		
City SOAP LAKE  State WASHINGTON ZIP Code + 4 98851  C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	12.a. Nature of interest held or income received.  12.b. Amount.  12.b. Amount.  12.c. Amount B above)  12.c. And B above)  13.c. Amount B above.		

Name of Person Filling GARY L. YOUNGHANS	File Number <b>U</b> -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name MCMBRBAN & Company   New York Life  Trade Name, if any:  P.O. Box, Bldg., Room No., if any   SUITE # 700  Street   720 S.W. WASHINGTON ST.  City   PORTLAND  State   OREGON   ZIP Code + 4   972.05	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name LOCAL UNION 76 IBEW JOINT TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Po. Box 220	11.a. Nature of such dealing.  TRUST MEETING LUNCH  TRUST MEETING GOLF OUTING  LHARITY GOLF OUTING	432 8750 250°
Street	11.b. Approximate dollar value of such dealing.	38142
City SOAP LAKE	12.a. Nature of interest held or income received.	
State WASHINGTON ZIP Code + 4 98651		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
<ol> <li>Name and address of Employer or Labor Relations Consultant (Including trade name, if any).</li> </ol>	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		in an artist of the state of th
State ZIP Code + 4		
Family Substitute	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?		

Name of Person Filing GARY L. YOUNGHANS	File Number U-		
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8. Name and address of Business (including trade name, if any).  Name Local Union 76 TBEW TOINT TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Po. Box 220  Street  City SOAP LAKE  State WASHINGTON ZIP Code +4 98851	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name TBEW LOCAL UNION # 76  Trade Name, if any:  P.O. Box, Bldg., Room No., If any SUITE # 101	11.a. Nature of such dealing.  OUT OF POCKET BE-IMBURSEMENT WHILE ATTENDING TRUST CONFERENCE  AIR FARE 221000  MEALS /18 25		
Street 3049 56. 36 57.  City TALOMA  State WASHINGTON ZIP Code + 4 98409.5729	11.b. Approximate dollar value of such dealing. 33925  12.a. Nature of interest held or income received.		
C. Received from any employer (other than an employer covered unde	12.b. Amount.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			
Name [			
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing GARY L. YOUNGHANS	File Number U-	
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8. Name and address of Business (including trade name, if any).  Name S. W. WA. JOINT Apprenticeship TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 3061 So. 36 TH ST.  City TACOMA  State WASHINGTON ZIP Code +4 98409	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name TBEW Local Union +76  Trade Name, if any:	11.a. Nature of such dealing.  OUT OF POCKET RE-IMBURSEMENTS  NJATC SEMINAR AIRPARE 319 40  Apprevice Contest AIRPARE 18920  Apprevice Contest MEALS 5169	
P.O. Box, Bldg., Room No., if any SUITE #101  Street 3049 50. 367 57.  City TACOMA  State WASHINGTON ZIP Code + 4 96409-5729	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name [		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	